

97-84048-13

Warbasse, James Peter

The socialization of
medicine

Chicago [Ill.]

c1914

97-84048-13

MASTER NEGATIVE #

COLUMBIA UNIVERSITY LIBRARIES
PRESERVATION DIVISION

BIBLIOGRAPHIC MICROFORM TARGET

ORIGINAL MATERIAL AS FILMED - EXISTING BIBLIOGRAPHIC RECORD

308

Z

Box 130

Warbasse, James Peter, 1866- 1957

The socialization of medicine by, James P.
Warbasse ... Chicago, American medical associa-
tion, c1914.cover-title, 8 p. 21 $\frac{1}{2}$ cm.Reprinted from the Journal of the American medi-
cal association, July 18, 1914, vol. LXIII.

one ID

RESTRICTIONS ON USE: Reproductions may not be made without permission from Columbia University Libraries.

TECHNICAL MICROFORM DATA

FILM SIZE: 35mmREDUCTION RATIO: 10:1IMAGE PLACEMENT: IA ☒ IIA ☐ IB ☐ IIBDATE FILMED: 3-24-97INITIALS: FBTRACKING #: 22615

FILMED BY PRESERVATION RESOURCES, BETHLEHEM, PA.

BIBLIOGRAPHIC IRREGULARITIES

MAIN ENTRY: Warbasse, James Peter

The socialization of medicine

Bibliographic Irregularities in the Original Document:

List all volumes and pages affected; include name of institution if filming borrowed text.

Page(s) missing/not available: _____

Volume(s) missing/not available: _____

☒ Illegible and/or damaged page(s): front cover

Page(s) or volume(s) misnumbered: _____

Bound out of sequence: _____

Page(s) or volume(s) filmed from copy borrowed from: _____

Other: _____

Inserted material: _____

TRACKING#: MSH22615

THE SOCIALIZATION OF MEDICINE

JAMES P. WARBASSE, M.D.
NEW YORK

*Reprinted from The Journal of the American Medical Association
July 18, 1914, Vol. LXIII, pp. 264-266*

COPYRIGHT, 1914
AMERICAN MEDICAL ASSOCIATION
FIVE HUNDRED AND THIRTY-FIVE NORTH DEARBORN STREET
CHICAGO

308

Z

Box

130

308

Z

Bx 130.

Warbasse
Socialization of
medicine

29 Dec '31

Bertram Fuchs
17 Kent Ave, Hempstead, N.Y.

THE SOCIALIZATION OF MEDICINE

James P. Warbasse, M.D.
NEW YORK

Society demands a special class who shall study the problems of human health and to whom it may look for advice and help in these vital matters. It is aware that the possibilities for good inherent in the application of this special knowledge are very great. The conquest of disease is now recognized as one of the wonderful chapters in human history. This medical knowledge has been won through the sufferings of countless generations of men and women and children. Students of science, long since passed away, have contributed to it. The ancestors of all of us have died to give it to us. It is natural to think of it as social knowledge—the heritage of all—to be denied to none—its benefits to be accessible freely to the descendants of men, all of whom, in due time, must contribute their quota to it.

Turning from the consideration of these larger aspects of medicine and health, and looking on the activities of that class in the community which is possessed of the special knowledge concerning the human organism and the diseases which it suffers, we encounter a social anachronism. The medical sciences have made great progress, especially in the last half century, and their power for good in the prevention and treatment of disease is incalculable; still the average individual, well or sick, receives but little of their benefits when the possibilities of what he might receive are considered.

Our modern social system compels the average doctor to be a business man, competing with his fellows for a livelihood. He must make so much money each year to support his family. This must be his primary concern. The more sickness there is, the longer patients are sick, the more operations he can do, just so much better does he seem to prosper in a commercialized society. The practitioner who is most skilful in the methods of the tradesman, who commercializes his manners as well as his knowledge, is apt to have the largest practice and be publicly acclaimed as the most successful; while it is well known, at least to the medical profession, that the doctor who has the most knowledge and the best preparation and ability for his work often languishes for patronage because he does not bring to bear

on the public mind the spell which skilful advertising methods insure.

To the commercial character of the practice of medicine is added the distressing fact that the ability of clients to pay the doctor is very poor. The people cannot afford to employ the doctor to do the best he can for them. In the average case, he cannot afford the time that would be required to give his best thought and attention to diagnosis and treatment. In his rounds he meets case after case which calls for serious consideration. Careful inquiry into its history, the scientific methods of the laboratory, personal supervision of the details of treatment, might all be used to the incalculable advantage of the patient. Science may have much to offer. But neither the patient nor the doctor can afford, from a business point of view, to consider these things. A short-cut expedient too often must be adopted; the gambler's chance, that most ills are self-healing, is taken; and the doctor is off to the next case in his quest for a livelihood.

This is the pathos of medicine. Its possibilities are not realized. One of the saddest things I see in medical work is the young man with alert mind, who has been well trained to enter practice—fresh from college, laboratory and hospital—with the vision of life before him—enthusiastic with his knowledge of the possibilities for helpful human service in his profession; and then to witness this young man, thrown into the maelstrom of competition, with the necessity of commercializing the sacred art of conserving human life, degenerate into a humdrum thing of pills and potions, joining clubs or a church as an economic enterprise, and rushing hither and thither in a motor-car in a community which measures success largely by the standards of business.

We do not know whether the economic condition of the average physician is worse or better than it was fifty years ago. We have no figures. But we do know that a large proportion of the medical profession is finding it difficult to make a living. We do know that the relative number of physicians is growing less, especially in communities in which more, and not fewer, are needed. We do know that the dividing of fees, the performing of abortions, cheap and unscientific contract practice, and the resort to quackery are the expedients to which many a capable man of high-minded preferences is driven, against his will, as a matter of economic necessity.

Do we desire that these evil conditions, springing from the competitive system, should be carried into the future? Is the time not coming for the more rapid socialization of the agencies for the promotion of public health? Other public necessities are undergoing this change. The people in progressive communities no longer leave to commercial enterprise such matters as the supplying of water for the people,

the disposal of sewage, the cleaning of the streets, the education of the children, the carrying of mails, and the extinguishing of fires; and every year sees forward-looking communities add to the things that are taken out of the profit-making class and administered directly for the specific purpose which gives them their value.

The modern and inevitable trend is in the direction of removing the physician and sanitarian from the field of private and competitive business, and bringing them closer to the needs of the people. In Europe, this is being effected by the government and by the agency of sickness and insurance societies. Socialized medical attention is being rapidly brought to the people. The towns in France are beginning to apply direct action; municipal councils have passed ordinances providing that any resident of the town may consult any licensed physician without charge. The municipality pays the doctor. The national insurance act in England is the most sweeping piece of legislation in the direction of the socialization of medicine that the world has seen. Besides medical attention, the act provides insurance against sickness and disability for all who have an income below a certain amount. At present, 14,000,000 in England are subject to this law. It is intended that in the near future the act shall be made to apply to the dependents of the insured persons, so that the service shall embrace four-fifths of the population of England.

In the United States, as in the European countries, there is an increasing demand for trained sanitarians. It is notable that even the smaller municipalities and counties in rural districts are appointing full-time health officers. The schools, the courts, insurance acts, the industries and many of the municipal departments are making official places for the physician and sanitarian. The modern trend is illustrated by the city of Detroit, which in 1901 had in its health department, twenty-four employees; it now has about 200 employees. Ten years ago it had milk inspectors; now it has dairy inspectors. The health commissioner has announced that meat inspection cannot be made effective until the city owns its own slaughter-house.

It is evident that two agencies are at work for the socialization of the forces making for the public health. One is the state, acting in response to the political demands of the people; the other is private enterprise on the part of groups of individuals, forming themselves into cooperative societies. The latter is the syndicalist principle.

Science and expert ability have so much to offer in serious diseases that their treatment can no longer be conducted by a single individual. Team-work is necessary. There are blood examinations, urinalyses, Roentgen-ray examinations, bacteriologic examinations and many other tests and methods

requiring expert knowledge. This is best secured in the hospital. The rich can afford to have it brought to them. The poor secure it not at all or only in some of the better municipal hospitals. Middle-class people cannot afford this team-work either at their homes or in the hospital, and accordingly suffer for want of the best that science can offer.

It has long been recognized that contagious diseases are the concern of all the people, and they have been so treated. This is because of the possibilities of their spreading from the sick to the well. Society is now much concerned about mental diseases. It has taken cognizance of the insane because of their irresponsibility; and now, because of their relation to the problems of eugenics, it is concerned for all with transmissible mental defects.

In response to the same psychology, all other diseases are becoming matters of public concern, because, even though they may not spread from sick individuals, still they have their origin in food, housing, occupations or other conditions which are matters of public concern. Because of the closeness of our human relations and interdependability on one another, any condition which society harbors, which is capable of producing disease, is coming to be recognized as the concern of all. Therefore if society is concerned that it may suffer from contagious disease in an individual, it must also be concerned that it may suffer from disease in a cow, disorder in a railroad or steamboat, or defective sanitation in a mill or mine. "Injury to one is injury to all" is coming to have an ethical as well as economic significance.

As the manifold public activities, demanding physicians and sanitarians, increase, the proportion of physicians, engaged in competitive private practice, decreases.

The education of men and women for this work is now ready to pass into the hands of the people. Medical education in this country has gone through the first stage, that of private commercial enterprise, and is now well advanced in the second stage, that of regulation and control by the state. The third is that in which it becomes wholly a public function. Already we have many public medical schools in which the people are educating their own physicians.

This great question of the public health, we should bear in mind, is by no means a medical question. In its administration are needed, not only the physician, but also the sanitarian, nurse, chemist, engineer, statistician and social executive. And then, beyond these, it is fundamentally an economic problem.

As I look into the future, I see communities divided into districts, each with a sanitarian responsible for its health. Each district should have not only a social center but also a sanitary center. Here should be a laboratory for diagnosis, equipped with all the appliances and facilities of modern

science, with trained experts in every department. In connection with it should be a central hospital. An outpatient and an inpatient department should supplement one another. This should be a community center in which the problems of the prevention of disease should be worked out. Prevention should be the key-note of the sanitary and medical work, and should supplant the old idea of making treatment the aim of medical effort.

According to the needs of the people, specialists in all branches should be located at convenient intervals in dispensaries and hospitals. There should be a hospital in every community—country as well as town. The number of hospitals should be regulated by the population and geography. A single tuberculosis dispensary should be provided to cover a certain number of sanitary districts. Here the people should be taught how to prevent tuberculosis; and the tuberculous should receive advice and help. In England, the new insurance act provides a tuberculosis dispensary for every 150,000 inhabitants. It provides 200 sanitariums with accommodations at the rate of one bed for every 5,000 of population.

A Roentgen-ray equipment should be located in every community. Such special institutions should be complete; and, being as perfect as science could make them, they should prove more effective than the multitude of little inadequate equipments scattered about a city as we now find them. A similar plan with reference to surgical operations and other special work would naturally be most effective. A corps of surgeon, with central equipment, for a given population should be provided.

The people should have a wide range of choice in the selection of physicians. No physician should be called on to serve more than a certain number of patients, for the physician as well as the patient has rights to be respected. The special line of work into which a physician enters should be determined by his aptitude. Vocational selection should be employed. These public servants should receive compensation commensurate with their services and their needs, insurance and pensions, relieving them utterly from the fear of poverty.

What advantages may we expect from this inevitable socialization of the agencies making for public health? In the first place they will be accompanied by the socialization of other public necessities. It is all a part of one big human movement. Things are to be done *because they need to be done*, and not for the purpose of making money, with the human value of the work as a by-product. The primary function of the doctor will be to prevent disease and to relieve suffering. It will not be, as it now is, to make money by preventing disease and relieving suffering—so far as is consistent with making money. Just as the primary function

of the railroad industry will be to carry passengers and commodities safely and expeditiously. It will not be, as it now is, to make dividends and interest on stocks and bonds by carrying passengers and commodities—as safely and as expeditiously as is consistent with making dividends and interest on stocks and bonds. These two motives—the old and the new, the one addressed to property and the other addressed to human life—are utterly and incomparably different.

At the same time the free administration of justice, as well as of health agencies, should become a reality. Under such a régime the expert medical witness should be the agent of the people. His function should be to give impartial information. He should be in the service of all the people in the interest of truth and justice, just as the judge should be; and securing justice should not be a matter of barter and price any more than should the securing of medical help.

Among the important functions now undertaken by the people in but a desultory way are the inspection of sources of water-supply, the analysis of water, the economic and sanitary disposal of sewage and garbage, the regulation of buildings from a sanitary point of view, the sanitary control of schools, offices, public buildings, factories, bakeries and mines, and the protection of the health of workers in the various trades. When the workers alone are the employers and owners of the industries, we may be sure that these things will receive better attention.

The same may be said of the food- and drug-supply. These may be expected to become socialized along with other agencies which have to do with health. The analysis and study of these things, and then their public control, must be a part of the same movement. Water, one of our most important foods, is now procured to the people as a public function; milk and bread must follow the course of the water, as surely as the day follows the night.

Under these ideal, or, I prefer to say, normal conditions, competition would be stimulated. There would be competition among the health officers to keep down morbidity in their respective districts, and to show the best results in treatment. There would be wholesome competition among physicians to attain to excellence in their work; for that would be the object toward which they might strive unhampered if the dollar were eliminated from the struggle. Experience shows this to be the case. The best results are being secured to-day where scientific men are carrying on their work unhampered by economic competition.

Individual initiative would be stimulated. In this era of money making, the public mind has fallen into the habit of judging success by the dollar standard. To take the agencies of health out of this category would place them where they

might operate unrestrained by the pursuit of profits. It is a noteworthy fact that the great discoveries in science, the discoveries that have contributed the most to human life, have not been inspired by the reward of money. Moreover, most so-called discoveries represent but the accumulated knowledge of many generations, and belong to no man or set of men. They are a common heritage, and it is highly presumptuous for any individual to add a final touch to an age-long chain of knowledge, and then lay personal claim to the whole. All the knowledge of the medical sciences is common knowledge—not to be denied to the humblest who needs it.

With such agencies as these at work, human life could be made sweeter. In the place of our commercialized organization, we should have a more equitable and humane distribution of health forces. It is calculated by insurance actuaries that in the United States there are 600,000 deaths and in England 300,000 deaths annually, which are entirely preventable, and which could be prevented if the object of our medical effort were the saving of life.

Among the working people the infant mortality is horribly high because the babies of the working people cannot be provided with the attentions and the environment necessary to save their lives. These babies are just as precious as the babies of the rich. Tuberculosis and most other human ills have an economic significance. Among the wealthy there now is a surfeit of doctors; among the poor, too few. In Pennsylvania there are 100,000 births annually in rural places, with no hospital near, and very few, poorly prepared, underpaid and overworked doctors. I believe that the wives of coal-miners and iron-workers are as worthy of the best scientific attention and the tenderest care in the hours of their need as are the wives of the rich. I believe that they should have it, not as a charity or welfare enterprise, but as a matter of social justice. It is their right.

I am aware that this view is contrary to the conventional morality of present-day society, which, with hypocrisy in its heart, prays for it one day in the week, but which votes against it, acts against it, and adjusts its affairs against it at all times. The workers, who create the wealth, some day will demand at least this for their women, unless the people as a whole anticipate it and do it for them.

Soldiers and policemen receive gratuitous medical attention—Is it not reasonable to ask, Is not the farm-worker as important as they? What of all those who perform useful service? And what of the women who, in the shadow of death, replenish the supply of worn-out workers—who feed the mills and mines their human grist? Are these not performing necessary public service?

Keeping people well is the most important employment for the medical profession. Society is going to demand the

talents of the physician to this end. It is for this that society should bestow its rewards.

The socialization of medicine is coming. The time now is here for the medical profession to acknowledge that it is tired of the eternal struggle for advantage over one's neighbor. The value of cooperation in science is proved. Medical practice withholds itself from the field of science so long as it continues a competitive business. Its full possibilities will be realized only when its whole effort is expended in the conservation of human health and life.

**END OF
TITLE**